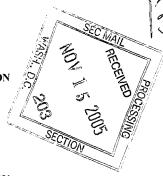
### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



#### FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response... 16.00

SEC USE ONLY
Prefix Serial

DATE RECEIVED

Filing Under (Check box(e Type of Filing: [X] New Fi	, , , , , , , , , , , , , , , , , , , ,	[ ] Rule 505	[X] Rule 506	[ ] Section 4(6)	[ ] ULOE
	. A	BASIC IDENT	IFICATION DAT		DEFRACE
1. Enter the information red	quested about the issuer			4	CESSED)
Name of Issuer (check if the Horsham Point, LLC	is is an amendment and name has char	nged, and indicate	change.)	NUV	21 2005
Address of Executive Offic c/o Kimco Realty Corpor	ces (Number and Street, City, Statation, 3333 New Hyde Park Road, N		Y 11042	Telephone North (516) 869-9000	De (meluding Area Code)
Address of Principal Busin (if different from Executive N/A	ess Operations (Number and Street, C e Offices)	City, State, Zip Co	de)	Telephone Num	ber (Including Area Code)
	ess elop, lease, maintain, own, operate, i r activities necessary, related or inci		e, hold, sell, excha	nge and otherwise deal i	n and with real estate investments
Type of Business Organiza					
[ ] corporation	[ ] limited partnership, alre	•	[X] of	ther (please specify): limi	ted liability company
[ ] business trust	[ ] limited partnership, to b	e formed			
Actual or Estimated Date of	of Incorporation or Organization: on or Organization: (Enter two-letter U	Month [1] [0] S. Postal Service	abbreviation for Sta	X] Actual [ ] Estimated ate:	

### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

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- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if it Kimco Realty Corporation	ndividual) :				
Business or Residence Address 3333 New Hyde Park Road, N	•				
Check Box(es) that Apply:	[ ] Promoter	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director	[X] General and/or Managing Partner
Full Name (Last name first, if it Horsham Point, LLC	ndividual) :				
Business or Residence Address c/o Kimco Realty Corporation	•				
Check Box(es) that Apply:	[ ] Promoter	[X] Beneficial Owner	[ ] Executive Officer	[] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if it K-Horsham Point, LLC	ndividual) :				
Business or Residence Address c/o UBS Wealth Management				, Channel Islands	
Check Box(es) that Apply:	[ ] Promoter	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if it KUBS Income Fund I, L.P.	ndividual) :				
Business or Residence Address c/o Kimco Realty Corporation	`	, , , , ,			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if it	ndividual) :				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code):			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if it	ndividual) :				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)	······································		
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if i	ndividual) :	100		-	
Business or Residence Address	(Number and Stree	et, City, State, Zip Code):		<del> </del>	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				<del> :</del>	E	B. INFORM	IATION A	BOUT OFF	ERING			
1. Has t	he issuer so	old, or does	the issuer	intend to se	ell, to non-a	ccredited in	vestors in th	nis offering?				Yes No
	•	•		1	Answer also	in Append	ix, Column	2, if filing u	inder ULOE			, ,,,,,,
2. What	2. What is the minimum investment that will be accepted from any individual?											\$ N/A
3. Does the offering permit joint ownership of a single unit?											Yes No [ ][X]	
similar associat dealer.	remuneration ed person o	on for solic or agent of n five (5) p	itation of p a broker or	urchasers is dealer regi	n connectio stered with	n with sales the SEC an	of securitied of securities of	s in the offe state or state	ering. If a pe es, list the na	, any comming any comming any comming and the big forth the inf	sted is an oker or	
Full Na N/A	me (Last na	ame first, if	findividual	)								
Busines	s or Reside	nce Addres	ss (Number	and Street	, City, State	, Zip Code)						
Name o	f Associate	d Broker o	r Dealer									
States in	n Which Pe	rson Listed	Has Solici	ited or Inter	nds to Solic	it Purchaser						
(Check	"All States"	or check	individual S	States)	•••••					[ ]	All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
		ame first, if	findividual	)								
Busines	s or Reside	nce Addres	ss (Number	and Street	City, State	, Zip Code)						
Name o	f Associate	d Broker o	r Dealer		**							
			l Has Solici individual S			it Purchaser				[ ]	All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last na	ame first, if	findividual	)				,				
Busines	s or Reside	nce Addres	ss (Number	and Street	, City, State	, Zip Code)		<u>.</u> ,				
Name o	f Associate	d Broker o	r Dealer									
			l Has Solici individual S			it Purchaser	rs — —			[ ]	All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the					
columns below the amounts of the securities offered for exchange and already exchanged.					
		Aggregate		Δr	nount Already
Type of Security		Offering Price		Λı	Sold
Debt	\$	0	\$		0
Equity	\$ -	0	<u> </u>		0
[ ] Common [ ] Preferred	-	**************************************			
Convertible Securities (including warrants)	\$	0	\$		0
Partnership Interests	\$ -	0	<u> </u>		0
Other (Specify) Limited Liability Company Membership Interests	\$ -	17,893,500	<u> </u>		17,893,500
Total	\$ -	17,893,500	<u> </u>		17,893,500
Answer also in Appendix, Column 3, if filing under ULOE.	-	<u> </u>			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
				ggreg	gate Amount
	Nui	mber Investors	_		chases
Accredited Investors		3	\$		17,893,500
Non-accredited Investors		0	<u> </u>		0
Total (for filings under Rule 504 only)		0	<u> </u>		0
Answer also in Appendix, Column 4, if filing under ULOE.			_		
offering. Classify securities by type listed in Part C-Question 1.	Tvr	ne of Security	Ĺ	Dollar	Amount
Type of offering	1 91	·		old	
Rule 505		0	\$	_	0
Regulation A		0		_	0
Rule 504		0		-	0
Total		0			0
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	:				
Transfer Agent's Fees			[]\$	_	0
Printing and Engraving Costs			[]\$		0
Legal Fees			[X]	§	25,000
Accounting Fees			[]\$		0
Engineering Fees			[]\$		0
Sales Commissions (specify finders' fees separately)			[] \$		0
Other Expenses (identify)			[]\$		0
Total			[X]	5	25,000
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total exper response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	ises 1				17,868,500

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the source forth in response to Part C - Question 4.b above.

•	to		
,	&	Paymen Others	ts To
[]\$	0	[]\$	0
[] \$	0	<u> </u>	0
[]\$	0	[]\$	0
[]\$	0	[] \$	0
[]\$	0	[]\$	0
[]\$	0	[] \$ _	0
[]\$	0	[] \$	0
ents			17.949.500
	<u> </u>		17,868,500
[]\$	0		17,868,500
	[X] \$ _	17,868,50	0
	Officers, Directors, Affiliates [] \$ _	Directors, & Affiliates [] \$ 0	Officers, Directors, & Paymen Affiliates Others  [] \$ 0 [] \$ [] \$ 0 [] \$  [] \$ 0 [] \$  [] \$ 0 [] \$  [] \$ 0 [] \$  [] \$ 0 [] \$  [] \$ 0 [] \$  ents  [] \$ 0 [X] \$  [] \$ 0 [X] \$  [] \$ 0 [X] \$

### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Horsham Point, LLC	By: KUBS Income Fund I, L.P. Its: Sole Member	November <u>K</u> , 2005
	By: KUBS Income Fund I GP Business Trust Its: General Partner	
	BBy: Vhm on ghand	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Bruce M. Kauderer	Vice President	

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

# APPENDIX

	2	2	3			4			5
•		•	*			,			
	Inter se to n	:ll on-	T					unde	lification r-State
	accre inves		Type of security and aggregate	,				(if yes	-OE -, attach
	in S		offering price		Type of	investor and		explan	ation of
	(Par	t B-	offered in state		amount pur	chased in State		waiver	granted)
ļ	Iten	1 l)	(Part C-Item 1)		(Part o	C-Item 2)		(Part E	-Item-1)
				Number of		Number of Non-			
			Limited Liability Company	Accredited		Accredited			
State	Yes	No	Interests in Horsham Point, LLC	Investors	Amount	Investors	Amount	<del>Yes</del>	₩e
AL			1.017244						
AK							<del></del>		<u> </u>
AZ	ļ						···	ļ	
AR CA	-							<del>                                     </del>	<u> </u>
CO	$\vdash$					<u>.</u>			
CT	<del> </del>				· · · · · · · · · · · · · · · · · · ·	· <del>†</del>	*****		
DE								1	
DC								<del>                                     </del>	
FL							- Tarrett		
GA									
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IA						1		ļ	
KS KY						<u> </u>			<del> </del>
LA						+	· · · · · · · · · · · · · · · · · · ·	<u> </u>	-
ME						1		<del>                                     </del>	
MD						1			
MA			Control of the Contro			<del>   </del>			
MI									
MN									
MS									
МО									
MT								<u> </u>	
NE						<del>                                     </del>		<del> </del> -	
NV	$\vdash \dashv$							<u> </u>	
NH NJ				<u> </u>					
NM	<b></b>								
NY	<del>                                     </del>	X	\$17,893,500	2	\$3,578,700	0	0	<del>                                     </del>	<u> </u>
NC		A.	Ø17,022,000	<u> </u>	99,570,700	-		<del> </del>	<del> </del>
ND									
ОН					1.4.4.				
OK									
OR									
PA									

## APPENDIX

	2		2			4			-
1	4	•	3			4			5
	Inter	nd to							
	se							Disqual	ification
	to n	on-							r-State
	accre								<del>.OE</del>
	inve		and aggregate			_		(if yes	<del>, attach</del>
	in S		offering price offered in state		Type of ii	nvestor and			ation of
	(Par Iten		(Part C-Item 1)		amount purc	hased in State 2-Item 2)			granted)
<u> </u>	Hen	11)	(Fair C-Refil 1)		(i ait c	Number of		(Part E-Item 1)	
Ì				Number of		Non-			
ļ			Limited Liability Company	Accredited		Accredited			
State	Yes	No	Interests in Horsham Point, LLC	Investors	Amount	Investors	Amount	Yes	Ne
RI									
SC		-							
SD									
TN									
TX			•						
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

http://www.sec.gov/about/forms/formd.pdf

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